2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
01-10-2003 90087 027 ****61.25

DOCUMENT # N99000002633

1. Entity Name
THE PRIMO CARNERA FOUNDATION, INC.

Principal Place of Business	Mailing Address
143 WOODETTE DR DUNEDIN FL 34698	143 WOODETTE DR DUNEDIN FL 34698

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3564037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HIKE OF REGISTERED AGENT CORP~~ ~~2601 S BAYSHORE DR, SUITE 600~~ ~~MIAMI FL 33133~~ NEW REGISTERED AGENT UMBERTO CARNERA 143 WOODETTE DR DUNEDIN, FL 34698	Name ARTHUR J. FURIA Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVENUE FL 31 City MIAMI FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE U. E. Carnera M.D. PRESIDENT 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNER, GIOVANNA M ~~2655 ST JOSEPH DRIVE WEST~~ DUNEDIN FL 34682	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR 143 WOODETTE DR DUNEDIN FL ~~32~~ 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURIA, ARTHUR J ~~2601 S BAYSHORE DRIVE, SUITE 600~~ ~~MIAMI FL 33133~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN 800 BRICKELL AVE MIAMI 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARTAGLIA, GIANLUCA ~~2601 S BAYSHORE DR, SUITE 600~~ ~~MIAMI FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800 BRICKELL AVE MIAMI, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARNERA, UMBERTO E MD ~~146 WOODETTE DR~~ DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, TREASURER 1714 CURLEW ROAD DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: U. E. Carnera M.D. 1/8/03 727 781-1614 734-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #